Substitute for Form PTO-875										Application by Docket Number			
i	CLAIMS AS FILED - PART I									10/164,637			
. 1	(Column 4)											1	
	. FOR		A# # 10 ==		(Column 2)			SMALL ENTITY		•	OR .	· 01	HER THAI
	BASIC FEE		NUMBER FILED		. NUMBER EXTRA			RATE			- 1	31012	ILL ENTIT
· 'H	(37 CFR 1.16(a)	1	·					14716	- FE	€	- 1	RATE	· FE
	(37 CFR 1.16(c))		minus 20 =						5	_   .	OR		
	(37 CFR 1.16(b))	CLAIMS			· · · · · · · · · · · · · · · · · · ·			x s <u>25</u>	=			FO	
- }		l	minus 3 =		•			x 5 100			DR -	x s <u>50</u> .	
-	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						$\dashv$		<del></del>	_	DR	x s 200	
	* II the difference	loop the					+ s-180	-	c	R	+ 360		
- 1				than zero, enter 10				TOTAL					
		ED - PA	ED - PART II				·	0	R	TOTAL	<u> </u>		
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	2/2/00	CLAIN REMAIN		HIC	MBER.	00505	71	- OWAC	CMILLA	<del>-</del> -,	'`	SMALL	R THAN ENTITY
	۱۲۰۱۰)	AFTE AMENON		PREV	10USL	PRESENT Y EXTRA		RATE	ADDI.	- 1			1
	Total (31 CFR 1.16(c))		Minu	15 1.	D FOR		1		TIONAL FEE	ŀ	- 1	RATE	ADO!
	Z Independent	<del></del>			0	.   = /		x s 25 =	1				FEE
1. 2	(31 OFR 1.16(b))	12	Minu	s 2		=	7	x s 100=	<del> </del>	→ OR	X	<u>50</u> .	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								<del> </del>	OR	x :	, 20Q	
•	(37 CFR 1.16(d))							+ s [80]=		OR		212	
1	(Column 1) (Column 2) (Column 3)							TOTAL ADD'L FEE		7	TO	TAL	
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α		. CLAIMS		HIGH	EST	(Column 3)	1 1	<del></del>		_		_	
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9	for CFR 1.16(c)	<del> </del>		1		= .		x s 25 .	1,55	1	<u> </u>		FEE
AMENDMENT	(37 CFR 1.16(6))	· ·	· Minus			=				OR	x s	<u>50</u> .	- 1
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1	<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							7	OR	. 3	00	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For IN THIS SPACE" is 1.											TOTAL		
•	If the "Highest N	kumn 1 is less ( lumber Previou	han the entry	in column	2, write	"O" in column 3.		<u></u>		OR	ADD.	FEE .	
	If the Highest Number of Inc.	umber Pravious	d. 0		WOE 12	less than 20, en	(er -2	20.					
bis e	Modia - (1)	FIEMOUS!	L Paid For (	Olal or Inde	nenden	ill ic the bish	٠ .						1

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.